UNITED NATIONS

WORLD CHRONICLE

PROGRAMME: No. 503, recorded 24 February 1993

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AIDS AND DEVELOPMENT

Dr. Michel Lavollay, United Nations Development Programme (UNDP) Senior Programme Officer for the HIV and Development Programme, highlights the magnitude of the HIV-AIDS problem worldwide. In a number of African countries during the last decade, 10 to 15 per cent of the general population, or 30 to 40 per cent of young adults, have become infected with HIV. Dr. Lavollay believes that AIDS is not just a medical problem but is also a social and economic crisis. UNDP, he says, coordinates efforts with other UN agencies, national governments and organizations to tackle the pandemic. From the economic side, the degradation of the skilled working force in developing nations caused by the disease affects their production capacity. Dr. Lavollay asserts that UNDP promotes protective measures to contain the epidemic.

WORLD CHRONICLE is produced by the Information Products Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28:00"
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93-03546

ANNOUNCER: From United Nations Headquarters in New York, this is WORLD CHRONICLE, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's WORLD CHRONICLE.

LITTLEJOHNS: I'm Michael Littlejohns, and this is WORLD CHRONICLE.

Over the last decade, the AIDS epidemic has been increasingly menacing societies in both developed and developing nations. Most affected in the third world is the African continent. Unlike most epidemics, the disease attacks men and women in their most economically productive years. Therefore, it undermines development efforts and burdens health care systems, not to mention its destructive impact on families. How can the international campaign against AIDS be waged in the most effective manner?

Our guest today has a special interest in the impact of AIDS on development. From the United Nations Development Programme, or UNDP, he's Dr. Michel Lavollay, Senior Programme Officer for the HIV and Development Programme. A national of France, Dr. Lavollay will be interviewed here at United Nations Headquarters in New York by James Bone of *The Times* of London, Pat Orvis of Monitor Radio, and Evgueni Menkes of ITAR-TASS.

Before we talk to Dr. Lavollay, let's look at one country's efforts in tackling the AIDS problem. Our correspondent Steve Whitehouse reports.

NARRATION:
A white jeep roams the red light district of Madagascar's capital. It hands out condoms and educational material. It's part of a campaign supported by the World Health Organization to stem the spread of AIDS on this Indian Ocean island.

RARIVOARILALA (In French):
At first we only distributed condoms to prostitutes. Now, we also distribute them to their clients. Our goal is to limit sexually transmitted diseases, including the AIDS virus.

NARRATION:
The campaign is aimed at people like Eva. Her regular job is as a waitress. She's the only breadwinner in the family, supporting her three-year-old daughter and

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eighteen-year-old sister. The child's father is in prison for theft. But Eva's salary is simply not enough to live on.

EVA (In French):
You need something like 150 to 200 dollars. And you can't find that in a month. You can only earn about thirty-five dollars a month at work.

NARRATION:
To earn enough, Eva works double time. She's a prostitute. After her regular work, she goes to a discotheque to look for clients. She's one example of how poverty has made prostitution a growth industry in Madagascar. So far the island has had few cases of AIDS, but the risk of an epidemic is great.

To prevent the spread of sexually transmitted diseases, the Population Ministry, with help from United Nations agencies, has set up an education programme.

VEIDIG (In French):
We try to make them aware of how they are made, from the point of view of organs. And then, most of all, show them different possibilities about contraception. How to avoid sexually transmitted diseases and AIDS.

NARRATION:
Blood testing is a regular part of the programme. International assistance has helped Madagascar improve its blood supply test system and extend checking of groups at risk. Health care and health education are only part of the process. To assist with their social reintegration, UN agencies are also helping the women set up small businesses as alternative sources of income. But for women like Eva, poverty means prostitution is often the only option. Until economic conditions improve, the front line in the fight against AIDS is the streets.

LITTLEJOHNS: Dr. Lavollay, there are other very serious epidemics of disease in the African continent, and elsewhere in the developing world -- malaria, tuberculosis, et cetera. Why is it that the UN Development Programme is concentrating on the problem of AIDS?

DR. LAVOLLAY: Well, first I'd like to say that UNDP has traditionally been involved in supporting health programmes and research, so it's not a new area of interest for UNDP. Examples are of UNDP supporting vaccination programmes that have been done in collaboration with technical agencies, and WHO in particular.

LITTLEJOHNS: The World Health Organization.

DR. LAVOLLAY: The World Health Organization. Concerning HIV-AIDS, the interest of UNDP is that this epidemic has now to be considered more than just a medical problem, but a problem that will affect health systems in countries of developed and developing countries.

LITTLEJOHNS: But isn't this true also of the other diseases?

DR. LAVOLLAY: It's true of other diseases, so UNDP has had interest in other medical problems, but this particular problem is a crisis, and the magnitude of the problem, the scope, the nature of the problem is such that for the next decades, this epidemic will be affecting all aspects of development in all countries that are now affected. And I think we can now say very easily that all countries will be affected by this epidemic.

LITTLEJOHNS: You mentioned the World Health Organization, Dr. Lavollay; I seem to recall that Dr. Nakajima, the Director General of that agency, once expressed the view that WHO was spending too much of its time and money on the AIDS problem and not enough on other diseases of the third world. You don't go along with that theory?

DR. LAVOLLAY: Well, I'm sure that this comment was made a few years ago, it was not made yesterday.

LITTLEJOHNS: You mean before it became a serious crisis.

DR. LAVOLLAY: And I think that it reflects the opinion of a person who probably had difficulty in seeing how this epidemic would be spreading and affecting the world. I think that's been the case of many people; I think that's one of the major problems we're facing with this epidemic -- a resistance to the knowledge and to the perception that this is a dynamic phenomenon and a crisis which is evolving. And the scope of the problem is something which is very difficult to grasp. I think that's a common trait.

But I'd like to say that WHO has been very active in starting a response to the epidemic as early as '86-87, along with other UN agencies such as UNDP, at the level of countries, where people were seeing that this was becoming a problem. There were

individuals that perceived that this would be indeed something that would need to be considered.

So WHO had a crucial role in the beginning to organize the medical response to the problem, because this is a medical problem to start. It's defined as medical. But to now explain how UNDP is getting more involved and trying to have a lead role in the response to the epidemic is to consider that when we are now confronted with levels of infection in developing countries of Africa of 10 to 15 per cent of the overall populations of countries, one must consider that every aspect of life will be affected by this epidemic. People will be becoming ill, dying. When I say it's 10 to 15 per cent of overall population, this means 30 to 40 per cent of certain age groups of the adult productive groups of the countries. You need to have a capacity to analyse what consequences this will have on countries.

BONE: Dr. Lavollay, you say this is a crisis. Could you maybe paint a picture for us of how bad the situation is now, by region, and how bad it's likely to get, and in what time scale?

DR. LAVOLLAY: Well, historically we're approximately 10 years into the epidemic, so that after one decade we can talk now of all countries of Africa being affected by the epidemic. There are areas of Africa which are more affected, like east-central Africa, the lake region of Lake Victoria, Uganda, Tanzania, Kenya, Rwanda, and also in west Africa. Now we have very difficult situations in Ivory Coast, for instance, where there is an estimate that over 10 per cent of the overall population is infected.

So all countries are affected, and now some of them have, as I said earlier, 30 to 40 per cent of some adult age groups infected. There's a recent article in an American paper talking about 25 per cent of the adult population in Kampala, in Uganda, being infected.

ORVIS: Let me see if I have this straight, if I understand the research material which was brought us from the UNDP. If I understand it correctly, throughout most of the world it's husbands who bring AIDS to the family, and yet the wives are powerless to protect themselves against it, because, for example, they can't use condoms because they're supposed to be having children, or because their husband might suspect them of sleeping around -- even though their husbands are gleefully sleeping around and infecting multitudes of women on the side. They can't even afford condoms. And yet because they have no other source of social status or economic power, I guess women are sort of

stuck in these marriages that are killing them with AIDS. What is being done about that, or what can be done about that? Are there special programmes...

DR. LAVOLLAY: Yes, I think everything that you've said is extremely important to explain that basically 10 years into the epidemic most of the efforts have failed -- the efforts to slow the spread of the epidemic. I think what you're basically saying is that individuals can not only respond because they would have knowledge about the epidemic, or because someone would have provided condoms to a city. This I think shows quite well that if one thinks there can be an effective response, the response must come from the people themselves who become empowered to negotiate condom use, for instance, a woman, a wife or lover saying or convincing a husband or lover that condom use is the way to protect oneself.

ORVIS: Is that happening? Many people actually see this as a human rights issue, and that it's a violation of the human rights of women. Are the laws being changed, or are women being drawn into the decision-making process at the highest levels?

DR. LAVOLLAY: Well, we know the situation of human rights around the world; we're not addressing it as such, to say that if you don't have human rights in a country you cannot do anything. But we're saying that it's through the people and through the individuals in communities that you can bring about empowerment of people. Let's take the examples of the countries where there have been effective responses from within the communities, those communities that are parts of decision-making processes, that are able to influence the policies and to put the human rights on the agenda.

ORVIS: Do you have a quick example of that? I mean actual people in an actual community, what did they do?

DR. LAVOLLAY: Well, we have examples in Uganda, which is a country which is often given as an example, where people who have been affected by the epidemic -- that means infected -- and family members have organized themselves as non-governmental organizations to bring supports to those infected to then have the capacity to go talk to the governments to explain what's happening and to be part of decisions, so that now the public debate in Uganda is such that HIV is integrated into everything. And the President is involved in prevention. It's a good example of those affected being part of the response and defining the main elements of the response, as opposed to external models.

MENKES: Dr. Lavollay, you mentioned just now that UNDP is, among other areas, is going in for research, as far as an AIDS programme is being concerned. Could you be a little more specific? What particular areas of research is UNDP going in for?

DR. LAVOLLAY: I mention research as a regular area of concern of UNDP and other areas. I think for the HIV epidemic, clearly we've not chosen to take a role in research, and that's a responsibility that the World Health Organization has, because in such a crisis of such magnitude, I think it's necessary to have a clear allocation of responsibilities. And the World Health Organization will deal with health-related problems, organizing health systems, dealing with research for treatment and vaccination. That's clearly WHO's responsibility. And here and there, eventually UNDP at field level, at country level, might give some money to a hospital or to a team doing research to support research, but it's not a major responsibility of UNDP.

LITTLEJOHNS: The programme is World Chronicle, our guest is Dr. Michel Lavollay, UNDP Senior Programme Officer for the HIV and Development Programme. James Bone.

BONE: You say that the first 10 years have yielded nothing really but failure in the effort to curb the epidemic. What promise is there that the next 10 years will yield anything different?

DR. LAVOLLAY: Well, when I say that it is a failure, I can also say, as I mentioned before, that there are extraordinary examples of responses within communities and by people who make decisions to survive. And so it's a mixture of a tragedy, something which is of extraordinary scope and gravity, and also examples of how people respond to that and decide to survive, and of also how systems can participate in that. But overall, I think one must have the courage to say that the epidemic is continuing to spread, and that we're now confronted with maybe not a different problem, but the fact that more people are realizing that it is a problem, and that it is a universal problem.

BONE: But what's going to happen to these countries like -- you mentioned Uganda, which is a commonly cited case, which have these very high HIV rates -- what's going to happen to them economically then, within the next 10 years?

DR. LAVOLLAY: That's why UNDP is trying to take a lead role, to get countries to start analyzing and considering that within the next 10 to 20 years there will be

tremendous problems, in disorganization of the work force, of social problems, of political problems. And we don't have models that we can apply to say that in 10 years from now we know exactly what's going to be happening, but we certainly know that the illness and death of so many people will bring about many, many changes which are going to affect those countries.

ORVIS: I think the scariest part for me as a woman in reading these statistics and reports and so on in these UNDP materials was that because the symptoms of AIDS -- because the definition of AIDS has been based on the symptoms found in men, that often AIDS goes either undiagnosed or incorrectly diagnosed in women, where apparently the symptoms can include everything like vaginal infections and even cervical cancer. Could you elaborate a bit more on how AIDS is identified in women?

DR. LAVOLLAY: Well, I think here again the way this phenomenon has been considered is changing. There's an evolution, and there are a lot of efforts to reconsider the definition of AIDS, particularly for women. And that's being done. As you were mentioning different characteristics of certain cancers, that's indeed now going to be included in the definition of AIDS.

But I think for us the most important thing is not just a clinical definition, because it's too late; what we are concerned with is that this epidemic is spreading because of social economic circumstances of people in developing countries, of vulnerabilities. So, for us the most important things are the vulnerabilities of women, for instance, especially young women. You must consider that now that it is known that HIV exists in developing countries, like in Africa, older men are leaving mature women and their usual sexual partners to go towards younger inexperienced women because they have the idea that those do not carry the HIV virus. But they are even more vulnerable -- psychologically, socially, physically -- because their genital tract is more vulnerable. So those are issues to be addressed.

ORVIS: Is it that men just do not understand that they're the carriers, or they don't really care? Don't they see that if they go with a pure young woman they're just going to infect another person at a younger age? Do you think they don't understand, or it's such a culturally-based thing?

DR. LAVOLLAY: As you say. I mean, it's the cry of the heart. Why are people choosing to not protect themselves? This is an avoidable disease. This is why we need to consider the complexities of this epidemic instead of continuing to think that easy

answers will solve the problem. It's not just saying that it exists that will make people change. You need to work much more in depth with communities and people.

ORVIS: Again that comes back to providing programmes that address specific things like the role of women, which has been misunderstood or ignored before, and also changing the law so they can help themselves. I mean, they can't even help themselves.

DR. LAVOLLAY: You cannot change it from outside, it needs to be changed from within.

MENKES: Africa apparently is the region where the situation with AIDS is the worst, of course. But there are other areas in the world where the wave of AIDS is rising also. One of those areas is eastern Europe and the former USSR. What is the situation there? How is UNDP paying any attention to the situation there?

DR. LAVOLLAY: You're right to mention these other parts of the world. I would say that we haven't talked about Asia and we haven't talked about Latin America, which are already very affected by the epidemic. And as far as east Europe and the ex-Soviet Union, obviously there are problems there in the middle of, I think, many other problems of redefinitions and reorganizations of society. But truly, the HIV epidemic has found there a very favourable terrain to spread. There are many, many examples of new behaviours, of new freedoms, of new expressions of sexuality and drug use, intravenous drug use.

So the epidemic is there, and UNDP is concerned with this epidemic in those countries. And as it is now starting to open field offices in the east bloc countries and the CIS, we've been pushing for UNDP to be involved in the definition of programmes and strategies against HIV.

LITTLEJOHNS: Dr. Lavollay, perhaps you could elaborate a bit on the impact of HIV-AIDS on economic development in the developing countries, not only in Africa and Asia, but also countries that Evgueni's mentioned in the former Soviet orbit. Precisely how is this impacting on development?

DR. LAVOLLAY: Everyone knows that this epidemic is mostly affecting a younger people. So it's the young age groups that are affected, those who are considered the most productive. So to consider the impact of the epidemic, you must consider the work force, effectiveness of the work force, meaning that -- let's consider developing countries which don't have a capacity for replacement of those who are trained. It's

those who are trained, those who have the experience of their jobs who are going to be becoming ill and dying. And there's a very poor capacity for replacement of these experienced and trained people.

Also the way you must consider it is that through the economic power that these people gain -- because they are the productive ones, they are the most mobile -- one must also consider that the economically active people will go seek the markets and create through that process another type of vulnerability, because they will be isolated. So there is a problem of the degradation of the work force, and a lack of capacity to replace the work force.

There will also be a problem of shifting from types of production to other types of production. For instance, in Africa, where over 80 per cent of the income comes from agriculture, you must consider that labour-intensive production will not be possible any more in the context of high rates of infection because of the disintegration of the work force. So it will be shifting back to food crops that are less productive of income. So that will in turn affect the capacity for generation of currency.

So you can just take series of examples like this and start projecting that any way you go this epidemic will have extraordinary impact on economies and social structure of countries.

BONE: You seem to be addressing the AIDS epidemic by advocating the wholesale use of condoms, seems to be the main tactic to prevent the spread of the disease. Do you run across a lot of opposition from the Catholic Church and other institutions that oppose contraceptive use?

DR. LAVOLLAY: Well, I'd like to correct this affirmation, that we're not promoting only condom use, we're promoting protective measures, whatever those protective measures might be: it can be abstinence, it can be safer sex, and it can be, and obviously will include, the use of condoms. I think that religious leaders are often saying things that they shouldn't be saying, especially in the context of this epidemic today, when one can think of the recent visit of a church leader in an African country saying again that only abstinence would be the measure to protect from HIV. I think that's unfortunate.

LITTLEJOHNS: And unrealistic.

DR. LAVOLLAY: Non-realistic. And luckily, I mean, when you do go to those countries and you talk to bishops and priests, they have a different language, and they have a capacity to show compassion and to accept the fact that human beings are human beings.

LITTLEJOHNS: How successful is your programme? Do you feel that you're getting someplace with it?

DR. LAVOLLAY: We're beginning. We're a recent programme, and we have signs of success in the mobilization that we've been able to create within the organization itself and in the UN system, and through the types of activities that are happening at country level.

LITTLEJOHNS: Dr. Lavollay, that's all the time we have. Thank you for joining us on this edition of World Chronicle.

Our guest has been Dr. Michel Lavollay, UNDP Senior Programme Officer for the HIV and Development Programme. He was interviewed here at United Nations Headquarters in New York by James Bone of *The Times* of London, Pat Orvis of Monitor Radio, and Evgueni Menkes of ITAR-TASS.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of World Chronicle.

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